Bedford County Public Service Authority
1723 Falling Creek Road
Bedford, VA 24523-3137
(540) 586-7679 (phone)
(540) 586-5805 (fax)
e.handy@bcpsa.com

KH

November 27, 2007

Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Road
Roanoke, Va. 24019-2738

DEQ-WCRO
NOV 28 2007
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Attention: Kevin Harlow

Re: Thaxton Permit Renewal- VA0020869

Dear Susan,

Please find enclosed the permit renewal for Thaxton Elementary School WWTP.

The PSA would like to request a waiver for the fecal coliform application testing. Please let me know if there is anything further we need to do in reference to this permit. I would like to thank you for your assistance in preparing this application.

Sincerely,

Elmer Handy
Operations Manager

A.1. Facility Information.

Facility Name	Thaxton Elementary School WWTP
Mailing Address	Bedford County School Board P.O. BOX 748 Bedford, VA 24523
Contact Person	Mr. Dennis Overstreet
Title	Director of Maintenance
Telephone Number	(540) 586-1045 X237
Facility Address (not P.O. Box)	1081 Monorail Circle, Thaxton, VA 24174

A.2. Applicant Information. If the applicant is different from the above, provide the following:

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Applicant Name	Bedford County Public Service Authority
Mailing Address	1723 Falling Creek Rd Bedford, VA 24523
Contact Person	Mr. Elmer Handy
Title	Operations Manager
Telephone Number	(540) 586-7679 X 103

Is the applicant the owner or operator (or both) of the treatment works?

☐ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0020869	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Thaxton Elementary	289	Seperate	Municipal

Total population served 289

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .0035 mgd

		Two Years Ago	Last Year	This Year
b.	Annual average daily flow rate	.0026	.0026	.0026
c.	Maximum daily flow rate	.0026	.0026	.0026

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Thaxton Elementary WWTP VA0020869

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: **1**

b. Location: **Thaxton** (City or town, if applicable) **24174** (Zip Code)

Bedford (County) **VA** (State)

37 Degree 21' 17" (Lattitutde) **79 Degree 36' 28"** (Longitude)

c. Distance from shore (if applicable): **NA** ft.

d. Depth below surface (if applicable): **NA** ft.

e. Average daily flow rate: **.0026** mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)

If yes, provide the following information:

Number f times per year discharge occurs: **1125**

Average duration of each discharge: **30 minutes**

Average flow per discharge: **.0005** mgd

Months in which discharge occurs: **August thru July**

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water: **Wolf Creek, UT**

b. Name of watershed (if known): **Roanoke River**

United States Soil Conservation Service 14-digit watershed code (if known): **Unknown**

c. Name of State Management/River Basin (if known): **Roanoke River**

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): **Unknown**

d. Critical low flow of receiving stream (if applicable)
acute **Unknown** cfs chronic **Unknown** cfs

e. Total hardness of receiving stream at critical low flow (if applicable): **Unknown** mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:

Thaxton Elementary WWTP VA0020869

Form Approved 1/14/99
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A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

☐ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal	85	%
Design SS removal	85	%
Design P removal		%
Design N removal	85	%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Chlorine

If disinfection is by chlorination is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☐ Yes ☒ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: **001**

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	8.9	s.u.			
Flow Rate	.0026	MGD	.0026	MGD	36
Temperature (Winter)	13.6	deg c	6.5	deg c	48
Temperature (Summer)	25.7	deg c	22.7	deg c	20

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	65	mg/l	10	mg/l	36	SM5210N	2
	CBOD5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		26	mg/l	5.2	mg/l	36	SM2450D	1

FACILITY NAME AND PERMIT NUMBER:

Thaxton Elementary WWTP VA0020869

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Elmer Handy Operations Manager

Signature: Elmer Handy

Telephone number: (540) 584-7679 x 103

Date signed: 11-26-07

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

DEQ-WCRO
NOV 28 2007
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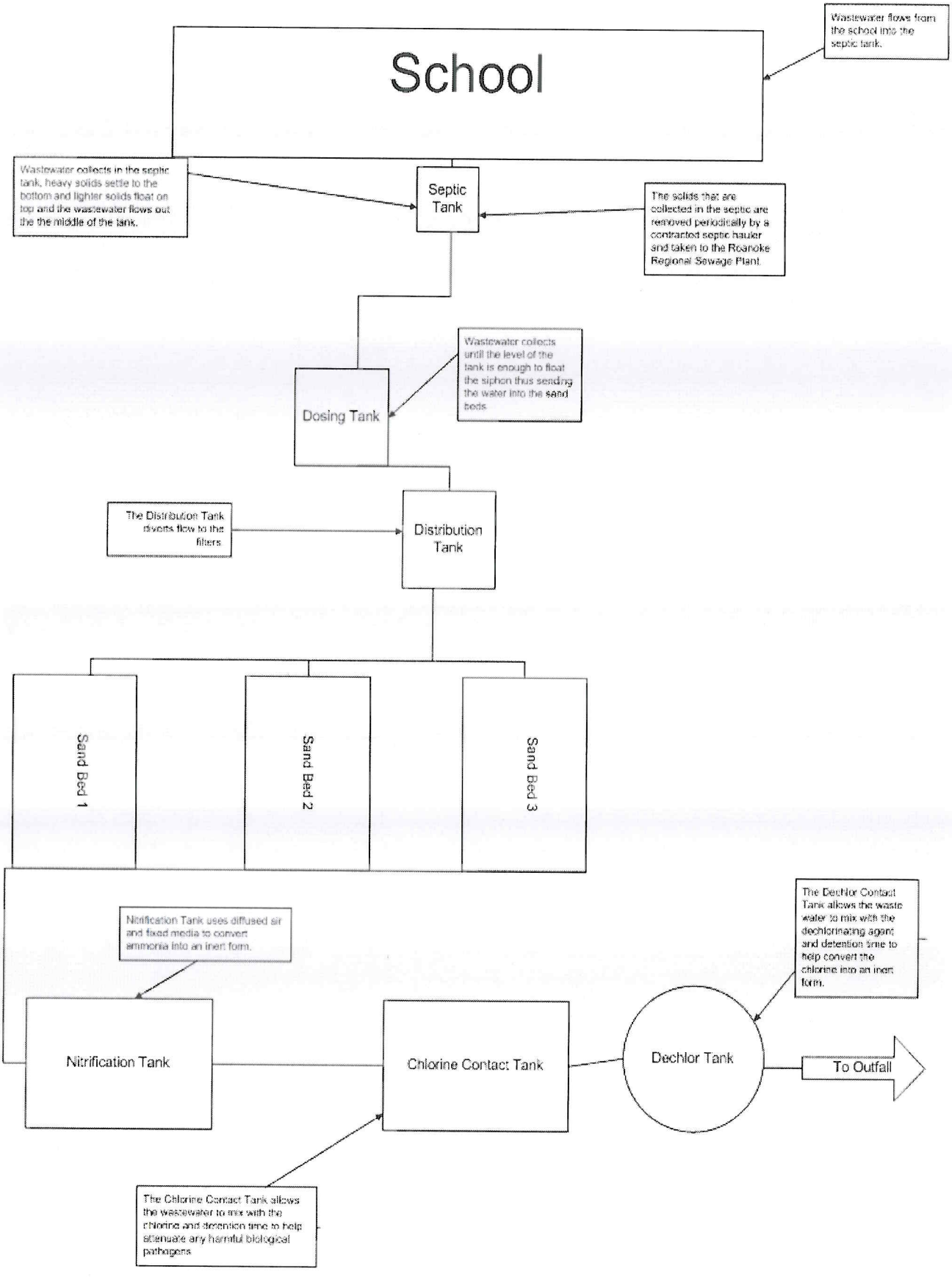
Thakker


School
Wastewater flows from the school into the septic tank.
Wastewater collects in the septic tank, heavy solids settle to the bottom and lighter solids float on top and the wastewater flows out the the middle of the tank.
Septic Tank
The solids that are collected in the septic are removed periodically by a contranted septic hauler and taken to the Roanoke Regional Sewage Plant.
Wastewater collects until the level of the tank is enough to float the siphon thus sending the water into the sand beds
Dosing Tank
The Distribution Tank divvits flow to the filters
Distribution Tank
Sand Bed 1
Sand Bed 2
Sand Bed 3
Nitrification Tank uses diffused air and fixed media to convert ammonia into an inert form.
The DechIor Contact Tank allows the waste water to mix with the dechlorinating agent and detention time to help convert the chlorine into an inert form.
Nitrification Tank
Chlorine Contact Tank
Dechlor Tank
To Outfall
The Chlorine Contact Tank allows the wastewater to mix with the chlorine and detention time to help attenuate any harmful biological pathogens

FACILITY NAME: Thaxton Elementary School WWTP VPDES PERMIT NUMBER: VA0020869

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? _X_ Yes __No

   Does this facility derive a material from sewage sludge? __Yes X__No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? __Yes _X_ No

   Is sewage sludge from this facility applied to the land? __Yes _X_ No

   If you answer No to all above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes _X_ No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Thaxton Elementary School WWTP

   b. Contact person: Dennis Overstreet
   Title: Director of Maintenance
   Phone: (540) 586-1045
   c. Mailing address:
   Street or P.O. Box: P.O. Box 748
   City or Town: Bedford State: VA Zip: 24523
   d. Facility location:
   Street or Route #: 1081 Monorail Circle
   County: Bedford
   City or Town: Thaxton State: VA Zip: 24174
   e. Is this facility a Class I sludge management facility? ___Yes _X_No
   f. Facility design flow rate: .0035 mgd
   g. Total population served: 289
   h. Indicate the type of facility:
   _X_ Publicly owned treatment works (POTW)
   ___ Privately owned treatment works
   ___ Federally owned treatment works
   ___ Blending or treatment operation
   ___ Surface disposal site
   ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: Bedford County Public Service Authority

   b. Mailing address:
   Street or P.O. Box: 1723 Falling Creek Rd.
   City or Town: Bedford State: VA Zip: 24523
   c. Contact person: Elmer Handy
   Title: Operations Manager

   Phone: (540) 586-7679 x 103
   d. Is the applicant the owner or operator (or both) of this facility?
   _____owner ___X___ operator
   d. Should correspondence regarding this permit be directed to the facility or the applicant?
   _____ facility ___X___ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0020809
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
   Permit Number: Type of Permit:
   _____
   _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes _X_No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies allsewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? X Yes ___ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: Bedford Septic Service
Mailing address:
Street or P.O. Box: 5914 Big Island Hwy.
City or Town: Bedford State: VA Zip: 24523
Phone: ( )
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium	NA			
Copper				
Lead		N A		
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which partsof the application you have completed and are submitting:

__X__Section A (General Information)
__X__Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
____Section C (Land Application of Bulk Sewage Sludge)
____Section D (Surface Disposal)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Elmer Handy Operation Manager

Signature _____ Date Signed

Telephone number (540) 586-7679 ext 103

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Thaxton Elementary School WWTP VPDES PERMIT NUMBER: VA0020869

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: <1 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name:
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      __Class A __Class B _X_Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      _X_ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Covered Septic
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
      _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

__Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.
(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: Roanoke Regional Water Pollution Control Plant

b. Facility contact: S. Scott Shirley
Title: Plant Manager
Phone: (540) 853-1283

c. Mailing address:
Street or P.O. Box: 1402 Bennington St. SE.
City or Town: Roanoke State: VA Zip: 24014-2697

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: <1 dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
VA 0025020	VPDES

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? _X_Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
__Class A _X_Class B __Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _X_Yes __No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
_X_ Option 1 (Minimum 38 percent reduction in volatile solids)
__ Option 2 (Anaerobic process, with bench-scale demonstration)
__ Option 3 (Aerobic process, with bench-scale demonstration)
__ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
__ Option 5 (Aerobic processes plus raised temperature)
__ Option 6 (Raise pH to 12 and retain at 11.5)
__ Option 7 (75 percent solids with no unstabilized solids)
__ Option 8 (90 percent solids with unstabilized solids)
__ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Anaerobic Digestion

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
__Yes _X_No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 2531-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give away for application to the land? ___Yes _X_No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? __X_ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

NA

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 2531-530 F and/or H (Examples may be obtained in Appendix IV). See RWTF Application

8. Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface dsposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Site Owner ___Site operator

NA

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: Type of Permit:
_____

_____

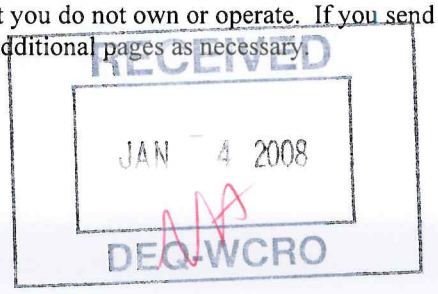
9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ___Yes ___No

If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.



c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number: Type of Permit:

_____

_____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name:

b. Contact person:
Title:
Phone: ( )
Contact is: ___Landfill Owner ___Landfill Operator

c. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Landfill location.
Street or Route #:
County:
City or Town: _____ State:_____ Zip:

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: _____ dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number: Type of Permit:

_____

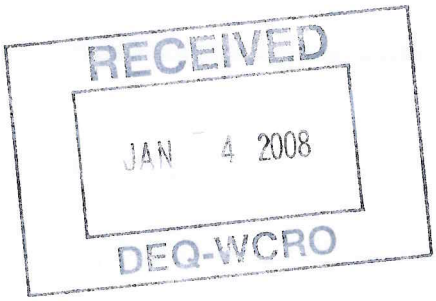
_____

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? ___Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.



ROANOKE
VIRGINIA, CHARTERED 1882

Water Pollution Control Plant
Industrial Pretreatment Program

October 10, 2002

Mr. Elmer Handy
Operations Manager
Bedford County Public Service Authority
1723 Falling Creek Road
Bedford, VA 24523-3137

Dear Mr. Handy:

The City of Roanoke will accept your request to treat the sludge from the following Schools:

- Body Camp Elementary School ~6,000 gallons/year
- New London Academy ~1,800 gallons/year
- Stewartsville Elementary School ~10,000 gallons/year
- Otter River Elementary School ~4,500 gallons/year
- Thaxton Elementary School ~3,000 gallons/year

It is the City's understanding that all of this sludge is domestic in origin. If there is a substantial change in the quantity of sludge that is produced or a change in your treatment plant processes you must notify the Roanoke Regional Water Pollution Control Plant.

If you have any questions, please call me.

Sincerely,

Martin E. Sensabaugh
Pretreatment Coordinator

ms

c: Scott Shirley, Wastewater Manager

1402 Bennington Street, Roanoke, Virginia 24014 (540) 853-1517 FAX (540) 853-1307

Thaxton Elementary VPDES Permit Application Addendum

KH

1. **Entity to whom the permit is to be issued:** Bedford County Public Schools
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y / N N

3. **Provide the tax map parcel number for the land where the discharge is located.** 107 A 101

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** NA

5. **What is the design average effluent flow of this facility?** .0035 MGD

6. **In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** Y / N N
   If "Yes", please identify the other flow tiers (in MGD) or production levels:
   _____
   Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
   Elementary School

   0 % of flow from domestic connections/sources
   Number of private residences to be served by the treatment works: NA

   100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ____Continuous __X__Intermittent ____Seasonal
   Describe frequency and duration of intermittent or seasonal discharges:
   The plant flow when the school is in session typically between the hours of 9:30 to 15:30.

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

   __ Permanent stream, never dry
   _X_ Intermittent stream, usually flowing, sometimes dry
   __ Ephemeral stream, wet-weather flow, often dry
   __ Effluent-dependent stream, usually or always dry without effluent flow
   __ Lake or pond at or below the discharge point
   __ Other:_____

9. **Approval Date(s):**

O & M Manual 3-12-04 **Sludge/Solids Management Plan** 10-02-2002

Have there been any changes in your operations or procedures since the above approval dates? Y / N N